



CITY OF EDINA

4801 West 50th Street, Edina, MN 55424-1394

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.ci.edina.mn.us

Plumbing Contractor Registration

TO: Plumbing Contractors

FROM: Plumbing Inspections Department

DATE:

Plumbing and Mechanical contractors are required to be licensed and/or registered to work in Edina. Licenses and/or registrations must be renewed annually. Requirements for renewal are listed below.

Plumbing Registration.

Registrations expire on December 31st every year. To renew your registration you must submit:

1. Completed plumbing registration application.
2. Proof of Workers Compensation coverage (if applicable).
3. Copy of current State of Minnesota Master Plumbers License.
4. Provide evidence of a \$25,000 plumbing code compliance bond.
5. Current Certificate of Liability Insurance with the City of Edina named as the Certificate holder.

To schedule an inspection, you must have the Mechanical or Plumbing Permit Number and the exact address.



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I.D. NUMBER

for office use only

January 1, 20__ thru December 31, 20__

PLUMBING CONTRACTOR REGISTRATION

Application is hereby submitted for license to do plumbing work within the City of Edina, and to make connections with the water mains and sewers of the City in accordance with the ordinances of said City regulating the same.

A ***Certificate of Insurance*** (\$300,000/\$100,000/\$50,000), a copy of ***State Plumbing Bond*** or ***State Water Softener Bond***. A copy of ***State Master Plumbing License/Pipelayer Certificate/Water Softener License*** must be included with the registration application.

Firm Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

If partnership, list name and address of each partner. If corporation, list name and address of principal officers.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicants State License Number: _____ Expiration date: _____

Master's Signature _____ Date _____

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 tax clearance: Issuance of Licenses, the Licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business Tax Identification Number and the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1874, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the License.
Do not return to the Department of Revenue.

License Authority: City of Edina, Hennepin County

Type of License being applied for or renewed: _____ Renewal Date: _____

PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE

The Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the Worker's Compensation Insurance coverage requirement of Section 176.181, Subd. 2. The information required is: the name of the insurance company, the policy number and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if the information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry, payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement of worker's compensation.

Insurance Company name: _____
(not the insurance agent)

Policy number or self-insurance permit number: _____ Coverage Dates: _____ To _____
or

I am not required to have Worker's Compensation liability coverage because:

☐ I have no employees covered by the Law

☐ Other (specify) _____

I have read and understand my rights and obligations with regards to business licenses, permits and worker's compensation coverage, and I certify that the information provided is true and correct.

Business Name: _____ Signature of Applicant: _____ Date: _____

CITY OF EDINA
BUILDING DEPARTMENT
Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Business Information (if applicable)

Business Address: _____

City: _____ State: _____ Zip: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a Minnesota Tax Identification number is not required, please explain: _____

Signature	Position (Officer)	Date
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APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(TENNESSEN WARNING)

In connection with your request for a license the city has asked that you provide it with information about yourself which is classified as either private or confidential by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Edina.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Edina Police Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota - Driver License Section, Hennepin County Auditor, Other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Date: _____ Signature: _____